## FORM D



# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D.

SEC USE ONLY		
Prefix		Serial
	1	
DATE RECEIVED		

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EX	EMPTION	DATE RECEIVED
Name of Offering (☐ check if this is an amendment and name has changed, and in GPSHOPPER, LLC	dicate change.)	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506	☐ Section 4	(6) ULOE
Type of Filing: ☑ New Filing ☐ Amendment		
A. BASIC IDENTIFICATION DATA		} { } { } { } { } { } { } { } { } { } {
Enter the information requested about the issuer /	····	
Name of Issuer (☐ check if this is an amendment and name has changed, and indic GPSHOPPER, LLC	cate change.)	07076807
Address of Executive Offices(Number and Street, City, State, Zip Code) 250 Mercer Street, Suite D1004, New York, New York 10012	Telephone Numb (917) 553-4711	per (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Numb	per (Including Area Code)
Brief Description of Business Software Development		
Type of Business Organization  ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed	ease specify): Lim	nited Liability ComPROCESSE
Month Year		SEP 1 1 2007
Actual or Estimated Date of Incorporation or Organization: [ 09 ] [2005 ] Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service ab	☑ Actual	al D Estimated
GENERAL INSTRUCTIONS		
Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or	Section 4(6), 17 CFR 23	30.501 et seq. or 15 U.S.C 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received a mailed by United States registered or certified mail to that address.	notice is deemed filed v it that address after the d	with the U.S. Securities and Exchange ate on which it is due, on the date it was
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.		
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed copy or hear typed or printed signatures	ed. Any copies not manu	ually signed must be photocopies of the

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;

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· Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐Beneficial Owner ☒ Executive Officer ☒ Director ☐ Manager/Managing Partner
Full Name (Last name first, if individual) Muller, Alex.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o GPSHOPPER, LLC 307 7th Avenue, Suite 2104, New York, New York
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☒ Manager/Managing Partner
Full Name (Last name first, if individual) GPShopper MM, Inc.
Business or Residence Address (Number and Street, City, State, Zip Code) 307 7th Avenue, Suite 2104, New York, New York
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Manager/Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Manager Managing/Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Manager/Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Manager/Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Manager/Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Manager/Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

			•												
				<u></u>	B. INFO	ORMATIC	N ABOL	IT OFFE	RING				····		
1.	Has the	e issuer s	old, or d	oes the is	ssuer inte	nd to sel	l, to non-	accredited	d investor	rs in this o	offering?			Yes □	No ⊠
				Answei	r also in A	Appendix,	Column	2, if filing	under Ul	LOE.					
2.	What is	s the min	imum inv	estment	that will b	e accept	ed from a	ıny individ	fual (but l	lesser an	nounts m	ay be acc	epted)	\$ <u>1,000</u>	000,
3.	Does th	ne offerin	g permit	joint own	ership of	a single	unit?	•••••	***************************************					Yes □	No ⊠
4.	commis If a per state or	ssion or s son to be r states, I	imilar rer e listed is ist the na	nuneration an asso me of the	on for soliciated per broker o	citation of rson or a r dealer.	f purchas gent of a If more th	ers in con broker or	nection w dealer re ) persons	vith sales egistered s to be list	of securi with the	or indire ties in the SEC and/ ssociated	offering. or with a		
Ful N/A		Last nam	ne first, if	individua	al)										
Bu	siness o	Resider	ice Addre	ess (Num	ber and	Street, Ci	ty, State,	Zip Code	·)						
Na	me of As	sociated	Broker o	r Dealer				• .							
Sta	tes in W	hich Per	son Liste	d Has Sc	licited or	Intends 1	o Solicit	Purchase	rs						
	(Check	"All Stat	es" or ch	eck indiv	idual Stat	tes)						A	All States		
	(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [[NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
— Ful	<u> </u>	Last nam				<u>[0.7</u>	(		<b>(1</b>	.,,		<u> </u>			
Bus	siness o	r Resider	ce Addre	ess (Num	ber and	Street, Ci	ty, State,	Zip Code	:)						
Na	me of As	sociated	Broker o	r Dealer											
Sta	tes in W	hich Per	son Liste	d Has So	olicited or	Intends	to Solicit	Purchase	rs						
	(Check	"All Stat	es" or ch	eck indiv	idual Sta	tes)						A	All States		
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Ful	l Name (	(Last nan	ne first, if	individua	al)										
Bu	siness o	r Resider	nce Addre	ess (Num	ber and	Street, Ci	ty, State,	Zip Code	9)			··			
Na	me of As	sociated	Broker o	or Dealer						-					
Sta	ites in W	hich Per	son Liste	d Has So	olicited or	Intends	to Solicit	Purchase	rs						
	(Check	"All Stat	es" or ch	eck indiv	idual Sta	tes)	•••••					<i>A</i>	All States		
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	(CA) [KY] [NJ] [TX)	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	(ID) [MO] [PA] [PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<u>C.</u>	OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS		-
1.	Enter the aggregate offering price of securities included in this offering and	the total amount alread	y sold. Enter "0" if answer is "none" or	
	"zero." If the transaction is an exchange offering, check this box □ and indic			
	exchange and already exchanged.			
	Type of Security	Aggregate	Amount Already	
	Type of decanty	Offering Price	Sold	
Dah	t	\$0	\$0	
Equ		\$ 0	\$ 0	
	vertible Securities (Convertible Bridge Promissory Note	\$ 0	\$ 0	
	nbership Interests**	\$ <u>1,000,000</u>	\$ 1,000,000	
	er:			
		\$ <u>        0                            </u>	\$ <u>        0                            </u>	
	Total	¢	œ.	
	Answer also in Appendix, Column 3, if filing Under ULOE	\$	\$	
	ertain membership interests are being issued in exchange for conversion of		Market and the acceptance dellar acceptance	
	Enter the number of accredited and non-accredited investors who have pure			
	of their purchases. For offerings Under Rule 504, indicate the number of p		ised securities and the aggregate dollar	
	amount of their purchases on the total lines. Enter "0" if answer is "none"	or "zero."		
			Aggregate Dollar	
		Number Investors	Amount of Purchases	
Acci	redited Investors	1	\$ <u>_1,000,000</u>	
Non	-accredited Investors	0	\$ <u> </u>	
Tota	al (for filings Under Rule 504 only)		\$0	
	Answer also in Appendix, Column 4 if filing under ULOE			
<b>-</b>	If this filing is for an offering Under Rule 504 or 505, enter the information re-	avoated for all appurition	cold by the issuer to date in efferings of	:
	the types indicated, in the twelve (12) months prior to the first sale of security 1	ides in this offering. Cia	ssily securities by type listed in Fart C.	
	Question 1	Town of Consults	Dallas Assaust Catel	
_		Type of Security	Dollar Amount Sold	
	e of Offering			
	<del>3</del> 505		\$	
•	ulation A		\$	
Rule	÷ 504		\$	
	Total	<del></del>	\$	
4.	a. Furnish a statement of all expenses in connection with the issuance an			
	relating solely to organization expenses of the issuer. The information ma		tuture contingencies. If the amount of	
	expenditure is not known, furnish an estimate and check the box to the left	of the estimate.		
	Transfer America Food	Г	<b>⊓ \$</b> 0	
	Transfer Agent's Fees	L	<u> </u>	
	Printing and Engraving Costs			
	Legal Fees, duplicating costs and miscellaneous expenses		∑ \$ <u>7,500</u>	
	Accounting Fees		\$	
	Blue sky fees	[	図 \$ <u>1,500</u>	
	Sales Commissions (Specify finder's fees separately)	_	<b></b>	
	Other Expenses (identify):		<b>\$</b>	
	Total	· <del>-</del>	XI \$ <u>9,000</u>	
	b. Enter the difference between the aggregate offering price given in response	inse to		
	Part C – Question 1 and total expenses furnished in response to Part C –	Question 4.1.		
	This difference is the "adjusted gross proceeds to the issuer."	区 \$ 991.0d	00	

5. Indicate below the amount of the adjusted gross procedused or proposed to be used for each of the purposes shown.  any purpose is not known, furnish and estimate and check the he estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C - Questimate.	If the amount for e box to the left of e adjusted gross	Of	ments to ficers, s, & Affiliates		Payments To Others
Salaries, dividends  Purchase of real estate  Purchase, rental or leasing and installation of machinery and equip  Construction or leasing of plant buildings and facilities  Acquisitions of other businesses (including the value of securiti		□ \$ □ \$			\$ \$ \$ \$
offering that may be used in exchange for the assets another issuer pursuant to a merger)	[ [	□ \$ <u> </u>			\$ \$ \$ 991,000 \$
Column Totals  Fotal Payments Listed (column totals added)		□ \$ ⊠	\$ 991.00		\$ 991,000 —
D. FEDERAL SIGNATURE  The issuer has duly caused this notice to be signed by the unthe following signature constitutes an undertaking by the issueritten request of its staff, the information furnished by the include Soci	uer to furnish to the l	U.S. Sec	urities and ex	cha	inge Commission, u
Issuer (Print or Type) GPSHOPPER, LLC Signetter			Date:Sep	tem	ber 3,2007
	Signer (Print or Type x Muller, Chief Exec			1, IN	C., Managing Mem
L					

E. STATE SIGNATURE		
Is any party described in 17 CFR 230.252(c) of such rule?	, (d), (e) or (f) presently subject to any of the disqua	alifications provisions Yes No
See Appendix, Column 5, for state response.		
The undersigned issuer hereby undertakes to Form D (17 CFR 239.500) at such times as r	o furnish to any state administrator of any state in whe equired by state law.	nich this notice is filed, a notice on
<ol><li>The undersigned issuer hereby undertakes to issuer to offerees.</li></ol>	furnish to the state administrators, upon written req	uest, information furnished by the
<ol> <li>The undersigned issuer represents that the is limited Offering Exemption (ULOE) of the stat this exemption has the burden of establishing</li> </ol>	ssuer is familiar with the conditions that must be sat e in which this notice is filed and understands that th g that these conditions have been satisfied.	isfied to be entitled to the Uniform e issuer claiming the availability of
The issuer has read this notification and knows th undersigned duly authorized person.	e contents to be true and has duly caused this notic	e to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date:September3, 2007
GPSHOPPER, LLC	MG Mm-	
Name of Signer (Print or Type)	Title of Signer (Print or Type) GPSHOPPER MM, INC., Managing Member	
Alex Muller	By: Alex Muller, Chief Executive Officer	

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	•	•		AF	PPENDIX				
1	ACCI INVES	2 D TO SELL ) NON- REDITED STORS IN TATE B-ITEM 1)	3 TYPE OF SECURITY AND AGGREGATE OFFERING PRICE OFFERED IN STATE	TYPE OF INVESTOR AND  AMOUNT PURCHASED IN STATE  (PART C-ITEM 2)			5 DISQUALIFICATION UNDER STATE ULOE (IF YES, ATTACH EXPLANATION OF WAIVER GRANTED) (PART E-ITEM 1)		
STATE	YES	МО	MEMBERSHIP INTEREST	NUMBER OF ACCREDITED INVESTORS	ACCREDITED NON-				NO
AL									
AK	<u></u>								
AZ									
AR									
CA									
со									
СТ									
DE									
DC									
FL									
GA					_				
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ID									
IL									
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IA									
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KY									<u> </u>
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	•	•		AF	PPENDIX						
1	TO ACCI INVES S'	2 D TO SELL D NON- REDITED STORS IN TATE B-ITEM 1)	3 TYPE OF SECURITY AND AGGREGATE OFFERING PRICE OFFERED IN STATE	4					5 DISQUALIFICATION UNDER STATE ULOE (IF YES, ATTACH EXPLANATION OF WAIVER GRANTED) (PART E-ITEM 1)		
STATE	YES	NO	MEMBERSHIP INTEREST	NUMBER OF ACCREDITED INVESTORS	ACCREDITED NON-				NO		
NE											
NV											
NH											
NJ											
NM											
NY		×	\$1,000,000	1	\$1,000,000	0	0		x		
NC											
ND											
ОН											
ок											
OR											
PA											
RI											
sc											
SD											
TN											
TX											
UT											
VT											
VA	MIT V			"							
WA											
WI							-				
WY											
PR											
FOREIGN											

